

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/656,531
Filing Date	September 5, 2003
First Named Inventor	BALTIMORE et al.
Art Unit	1652
Examiner Name	D. Ramirez
Attorney Docket Number	8325-5001

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

20855

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

20855

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Adam Cochran, Intellectual Property Counsel, California Institute of Technology

Date

Dec. 11, 2007

Telephone

(626) 395-4568

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.